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Edgar Benavides

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Thomas A. Silvestrini

Serial No.: 08/993,946

Filing Date: December 18, 1997

For: CORNEAL IMPLANT METHODS AND
PLIABLE IMPLANT THEREFOR

Examiner: D. Willse

Group Art Unit: 3738

Commissioner for Patents
Washington, D.C. 20231RECEIVED
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PETITION AND FEE FOR EXTENSION OF TIME

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a 5 month extension of time from the Notice of Appeal filed on March 16, 2001.

1. This communication is in connection with the matter for which this extension is requested

- a. ☒ is filed herewith; or
b. ☐ has been filed on _____.

2. ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.

10/19/2001 TTRAM1 00000007 501189 08993946

03 FC:228 960.00 CH

3. The following fees are submitted:

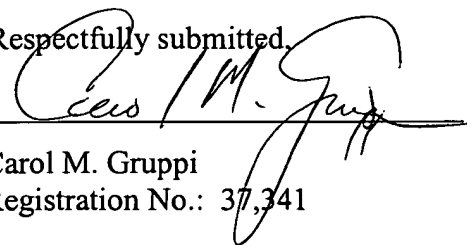
	TOTAL MONTHS REQUESTED	OTHER THAN SMALL ENTITY	SMALL ENTITY	CALCULATIONS
a. <input type="checkbox"/>	one month	\$110.00	\$55.00	\$
b. <input type="checkbox"/>	two month	\$390.00	\$195.00	\$
c. <input type="checkbox"/>	three month	\$890.00	\$445.00	\$
d. <input type="checkbox"/>	four month	\$1,390.00	\$695.00	\$
e. <input checked="" type="checkbox"/>	five month	\$1,960.00	\$980.00	\$980.00
f. <input type="checkbox"/>	An extension for ____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$ ____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$ ____), minus the fee previously paid (\$ ____) equals \$ ____ (total fee due).			\$
TOTAL FEES =				\$980.00

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☒ Please charge Deposit Account No. 50-1189, Billing Ref. 23915-7321, in the amount of \$980.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 23915-7321. *A duplicate copy of this sheet is enclosed.*

Dated: October 16, 2001

Mailing Address:

Antoinette F. Konski, Esq.
 McCutchen, Doyle, Brown & Enersen, LLP
 Three Embarcadero Center, Suite 1800
 San Francisco, California 94111
 Telephone: (650) 849-4950
 Telefax: (650) 849-4800

Respectfully submitted,
 By: 
 Carol M. Gruppi
 Registration No.: 37,341
 Antoinette F. Konski
 Registration No.: 34,202